

EXHIBIT A-2

Alicia Mata

DC-18-06995
CAUSE NO. _____

SCOTT JEFFERY, as Trustee of the	§	IN THE DISTRICT COURT
CARLSON MARITAL TRUST, AND	§	
BOKF, N.A., d/b/a BANK OF TEXAS, as	§	
Trustee of the FORTRESS CARLSON JSC	§	
TRUST, AND FORTRESS CARLSON LCC	§	
TRUST,	§	
Plaintiffs,	§	
	§	
v.	§	____ JUDICIAL DISTRICT
	§	
TIAA-CREF INDIVIDUAL &	§	
INSTITUTIONAL SERVICES, LLC,	§	
Defendant.	§	DALLAS COUNTY, TEXAS

PLAINTIFFS' ORIGINAL PETITION

Plaintiffs Scott Jeffery as Trustee of the Carlson Marital Trust, and BOKF, N.A., d/b/a Bank of Texas as Trustee of the Fortress Carlson JSC Trust and Fortress Carlson LCC Trust, ("Plaintiffs") file their Original Petition complaining of and about Defendant TIAA-CREF Individual & Institutional Services, LLC, ("TIAA-CREF" or "Defendant"), and for cause of action shows as follows.

A. Discovery-Control Plan

1. Plaintiffs intend to conduct discovery under Level 3 of Texas Rule of Civil Procedure 190.4 and affirmatively plead that this suit is not governed by the expedited-actions process in Texas Rule of Civil Procedure 169 because they seek declaratory relief.

B. Claim for Relief

2. Plaintiffs specifically claim monetary relief of \$200,000 or more and non-monetary relief.

C. Parties

3. Plaintiff Scott Jeffery is a resident of the State of Texas and his principal place of residence is located at 2804 Vista View Drive, Lewisville, Denton County, Texas 75067.

4. Plaintiff BOKF, N.A., d/b/a Bank of Texas is a national association financial institution that conducts business in this state.

5. Defendant TIAA-CREF Individual & Institutional Services, LLC is a Delaware limited liability company that transacts business in the state of Texas, and who may be served with process by serving its registered agent for service Corporation Service Company d/b/a CSC-Lawyers Incorporating SE at 211 E. 7th St. Suite 620, Austin, Texas 78701.

D. JURISDICTION & VENUE

6. The Court has subject-matter jurisdiction over the lawsuit and venue is proper in Dallas County, Texas under § 15.002 of the Texas Civil Practices & Remedies Code because all or a substantial part of the events or omissions giving rise to Plaintiffs' claims occurred in Dallas County.

E. FACTS

7. Marvin L. Carlson ("Decedent") died on August 29, 2017, in Dallas, Dallas County, Texas at the age of 78 years. At the time of his death, Decedent was the owner of six (6) annuity accounts with TIAA-CREF ("Accounts"). The Accounts are subject to the Employee Retirement Income Security Act under 29 U.S.C.S. § 1132. Plaintiffs, as beneficiaries under the Accounts, may bring a civil action to recover benefits due to them under the terms of the plan.

8. On or around December 3, 2011, Decedent executed an authorization regarding the minimum distribution option regarding his Accounts ("Authorization"). A true and correct copy of the executed Authorization is attached hereto as Exhibit "A." One section of the Authorization dealt with Decedent's beneficiaries and who would receive any remaining accumulation in Decedent's Accounts when he died. Decedent completed the form and designated the following primary beneficiaries: (1) Marital Trust to be established under the

Carlson Revocable Trust Agreement established September 13, 2003 receiving a 34% share; (2) Fortress Carlson JSC Trust established November 30, 2009 receiving a 33% share; and (3) Fortress Carlson LCC Trust established November 30, 2009 receiving a 33% share. Decedent enclosed with the Authorization an executed a waiver and consent to the beneficiary designations signed by his wife, Margaret D. Carlson. Since someone other than Decedent's spouse was named as a primary beneficiary of the qualified preretirement survivor annuity death benefits, Decedent's spouse was required to waive her right to receive a qualified joint and survivor annuity at Decedent's death. On or around January 13, 2012, Decedent received a confirmation of his beneficiary designations from TIAA-CREF. A true and correct copy of this confirmation is attached hereto as Exhibit "B."

9. On or around September 10, 2012, Decedent performed an online change to his primary beneficiary designations. Decedent changed his designations to the following primary beneficiaries: (1) Marital Trust to be established under the Carlson Revocable Trust Agreement established September 13, 2003 receiving a 21% share; (2) Fortress Carlson JSC Trust established November 30, 2009 receiving a 45% share; and (3) Fortress Carlson LCC Trust established November 30, 2009 receiving a 34% share. A true and correct copy of the computer screen shot of this online beneficiary change is attached hereto as Exhibit "C." The computer screen shot shows that once the designations have been approved, TIAA-CREF will mail a confirmation of Decedent's designations. On or around September 12, 2012, Decedent received a confirmation of his beneficiary designations from TIAA-CREF. A true and correct copy of this confirmation is attached hereto as Exhibit "D."

10. On or around November 7, 2016, Decedent performed another online change to his primary beneficiary designations. Decedent changed his designations to the following

primary beneficiaries: (1) Marital Trust to be established under the Carlson Revocable Trust Agreement established September 13, 2003 receiving a 21% share; (2) Fortress Carlson JSC Trust established November 30, 2009 receiving a 34% share; and (3) Fortress Carlson LCC Trust established November 30, 2009 receiving a 45% share. A true and correct copy of the computer screen shot of this online beneficiary change is attached hereto as Exhibit “E.” The computer screen shot states that once the designations have been approved, TIAA-CREF will mail a confirmation of Decedent’s designations. On or around November 9, 2016, Decedent received a confirmation of his beneficiary designations from TIAA-CREF. A true and correct copy of this confirmation is attached hereto as Exhibit “F.”

11. After completing the online beneficiary designation changes and confirming that they were in effect, TIAA-CREF never advised Decedent that the beneficiary designation changes were incomplete or that additional documentation was needed to complete the changes to his beneficiary designations as he requested.

12. After Decedent’s death, in contravention of Decedent’s November 7, 2016 beneficiary designation change, TIAA-CREF paid fifty percent (50%) of the proceeds of the Accounts to Decedent’s wife, Margaret D. Carlson. This payment was contrary to Decedent’s wishes, and contrary to his confirmed beneficiary designation.

13. On or about January 12, 2018, Plaintiffs sent a letter to TIAA-CREF demanding payment of all benefits held in the Accounts at TIAA-CREF in the name of the Decedent; however, TIAA-CREF failed to respond for 3 months until counsel for TIAA-CREF returned a follow-up phone call from Plaintiffs and furnished Plaintiffs with documents. TIAA-CREF, however, has refused to make payment in accordance with the Decedent’s beneficiary designation.

14. As a result of TIAA-CREF's breaches of the annuity agreements and failure to comply with Decedent's beneficiary designation, the Trusts have been damaged, for which they now sue.

E. CAUSES OF ACTION

I. Breach of Contract

15. Plaintiffs incorporate by reference the factual statements set forth in the preceding and subsequent paragraphs as if set forth verbatim.

16. Decedent and TIAA-CREF entered into a contractual agreement upon the opening of the Accounts.

17. Pursuant to the agreement between Decedent and TIAA-CREF, TIAA-CREF was under an obligation to disburse the funds from the Accounts in accordance with Decedent's wishes as reflected in his beneficiary designation as confirmed in writing by TIAA-CREF upon his death.

18. Despite receiving and confirming Decedent's beneficiary designation, TIAA-CREF unreasonably refused to distribute the benefits as directed by Decedent's beneficiary designation.

19. TIAA-CREF's refusal to distribute the benefits as directed by the beneficiary designation constitutes a breach and repudiation of TIAA-CREF's agreement with Decedent.

20. As a direct and proximate result of TIAA-CREF's breach and repudiation of the annuity agreements, Plaintiffs have suffered damages.

II. Declaratory Judgment Action

21. Plaintiffs incorporate by reference the factual statements set forth in the preceding and subsequent paragraphs as if set forth verbatim.

22. Based on the foregoing, the Court should declare under Chapter 37 of the Civil Practices and Remedies Code, the Uniform Declaratory Judgments Act (the “UDJA”), that the proper beneficiaries to the Accounts held in Decedent’s name at TIAA-CREF are the Plaintiffs in the amounts described in Decedent’s November 7, 2016 beneficiary designation change.

23. It is clear that Decedent’s true intent was for the benefits of the annuity accounts to pass to Plaintiffs in the amounts described in Decedent’s November 7, 2016 beneficiary designation change. Further because Decedent’s spouse, Margaret D. Carlson, had previously waived her rights to the qualified joint and survivor annuity, this Court should declare that Plaintiffs are Decedent’s beneficiaries of the Accounts in the amounts described in Decedent’s November 7, 2016 beneficiary designation change.

24. Plaintiffs lack any adequate remedy at law.

III. Constructive Trust

25. Plaintiffs incorporate by reference the factual statements set forth in the preceding and subsequent paragraphs as if set forth verbatim.

26. Plaintiffs request that the Court impose a constructive trust on all funds paid to Margaret D. Carlson by TIAA-CREF from the Accounts. By virtue of the executed waiver and release of any claims to the qualified joint and survivor annuity, any payments made to Margaret D. Carlson are the property of Plaintiffs.

27. Additionally, Decedent believed that his November 7, 2016 beneficiary designation change was validly completed because it had been confirmed in writing by TIAA-CREF. Therefore, Decedent took no further action to effect the change of beneficiary designation to carry out his intentions, and relied upon TIAA-CREF’s written confirmation that such designation was in effect.

28. Margaret D. Carlson received fifty percent (50%) of the proceeds from the Accounts when she should not have received any funds from the Accounts. The funds have since been transferred into an account with TIAA-CREF in Margaret D. Carlson's name.

29. Margaret D. Carlson would be unjustly enriched at the expense of Plaintiffs if she is permitted to the proceeds from the Accounts distributed to her.

30. As TIAA-CREF still holds the funds in an account registered to Margaret D. Carlson, Plaintiffs request that the a constructive trust be imposed on all funds paid to Margaret D. Carlson with TIAA-CREF holding the same as a constructive trustee.

31. Plaintiffs lack any adequate remedy at law.

IV. Negligence

32. Plaintiffs incorporate by reference the factual statements set forth in the preceding and subsequent paragraphs as if set forth verbatim.

33. As the administrator of the Accounts, TIAA-CREF owed a duty to the Decedent to exercise reasonable care in managing the Accounts, including but not limited to processing changes of beneficiaries on the Accounts.

34. Alternatively, TIAA-CREF voluntarily assumed the duty set forth in the preceding paragraph, and therefore is required to exercise ordinary care in the discharge of such duty.

35. As designated beneficiaries of the Accounts, TIAA-CREF's aforementioned duty runs to, and may be enforced by Plaintiffs.

36. Decedent complied with the requirements set forth by TIAA-CREF to effectuate a change of beneficiary on the Accounts, or alternatively, substantially complied with such requirements. TIAA-CREF breached its duty by failing to exercise reasonable care in its

management of the Accounts by forwarding confirmations of the changes to Decedent's beneficiary designations without informing Decedent that additional documentation was needed to effectuate the beneficiary designation changes, and Decedent reasonably relied on the written confirmations that such designation was in effect.

37. TIAA-CREF's breach proximately caused damage to the Decedent by negating his right to determine the amounts that the beneficiaries of the Accounts would receive, and also proximately caused damages to Plaintiffs by reducing the amount distributed to the Plaintiffs.

F. Claim for Attorney's Fees

38. Plaintiffs have been required to retain the undersigned legal counsel to institute and prosecute this action. In accordance with Chapter 38 and Chapter 37 of the Texas Civil Practice and Remedies Code, Plaintiffs also seek recovery of reasonable and necessary attorney's fees as are equitable and just in bringing and prosecuting this action.

PRAYER

For these reasons, Plaintiffs Scott Jeffery as Trustee of the Carlson Martial Trust, and BOKF, N.A., d/b/a Bank of Texas as Trustee of the Fortress Carlson JSC Trust and Fortress Carlson LCC Trust, request that Defendant TIAA-CREF Individual & Institutional Services, LLC, be cited to appear and answer herein, and that on final trial Plaintiffs have the following:

1. A declaration that the proceeds of the Accounts be paid in the following amounts:
 - (1) 21% to the Marital Trust to be established under the Carlson Revocable Trust Agreement established September 13, 2003 established September 13, 2003, 34% to the Fortress Carlson JSC Trust established November 30, 2009, and 45% to the Fortress Carlson LCC Trust established November 30, 2009;

2. A constructive trust imposed against TIAA-CREF in favor of Plaintiffs equal to the proceeds from the Accounts paid to Margaret D. Carlson;
3. Damages within the jurisdictional limits of this court;
4. Pre and post-judgment interest on all sums awarded;
5. Necessary and reasonable attorney's fees;
6. Costs of suit; and
7. Such other relief to which Plaintiffs may be justly entitled.

Respectfully submitted,
GLAST, PHILLIPS & MURRAY, P.C.

By: /s/ James C. Erdle
James C. Erdle, Jr.
State Bar No. 24069680
Erny Simmons
State Bar No. 00786903

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Dallas, Texas 75254-1449
(972) 419-8300
(972) 419-8329 facsimile
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simmons@gpm-law.com

COUNSEL FOR PLAINTIFFS

EXHIBIT “A”

FINANCIAL SERVICES
FOR THE GREATER GOOD®PO. Box 1268
Charlotte, NC 28201-1268

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Authorization from MR MARVIN LEE CARLSON

IMPORTANT: Return all of these pages. If you provided instructions at the time you requested this *Authorization*, we printed this information. Each section also provides instructions for completing it. If you decide you do not want a section or want to change your previously provided instructions, please initial your new instructions. If you have questions, please call us at 800 842-2252 Monday to Friday from 8 a.m. to 10 p.m. ET, and Saturday from 9 a.m. to 6 p.m. ET.

/1939

Date of Birth (mm/dd/yyyy) Social Security Number Daytime Telephone Number

According to our records:

Your Country of Citizenship is:

Your Residence is located in:

State of Legal Residence

TX

OR

Country of Residence

☐ This information is correct☐ This information has changed☐ U.S. Citizen☐ OtherState of Legal
ResidenceCountry of Residence (if other
than the U.S.)

Employment Status

Prior to the date you request to start your transaction, will you have terminated employment from all institutions that contributed to the annuities that you are using for this transaction?

If you answer **Yes** and provide a termination date, you are certifying that you have or will have terminated employment by that date.

☒ Yes, I have or will have terminated employment on

Date (mm/dd/yyyy)

15 12/23/11 PM0250



TA_SM

INPMDO (09/13/10)

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Minimum Distribution Option**Choosing Minimum Distribution Option**

You selected the following source(s) for your Minimum Distribution Option:

TIAA	CREF	Name of Employer/Plan
A227642-4	P144420-2	WASHINGTON UNIVERSITY RETIREMENT SA
A767617-2	P767617-9	SOUTHERN METHODIST UNIVERSITY REGUL
K021429-2	J021429-4	SOUTHERN METHODIST UNIVERSITY TAX D
K029172-0	J029172-2	SOUTHERN METHODIST UNIVERSITY TAX D

Requesting the Frequency of Payments, And the Starting Dates

A. I want to receive my payments

☐ Monthly ☐ Quarterly ☒ Semiannually ☐ Annually

Check the box below, if the following statement applies:

☒ Yes, include all applicable cash payments I have already taken when calculating my required minimum distribution.

B. Complete this part if you are starting payments the year you turn 70½ or retire. Pick a date from the 1st to the 28th of the month. This date, which we use to make ongoing payments, is called the effective date of payment. We use this date to value your account and it must be a business day. Whenever the effective date of payment is not a business day, we use the next business day. You'll receive each payment shortly after the effective date of payment.

☒ Start my ongoing payments on
Date (mm/dd/yy)

OR

C. Complete this part if you are starting payments between January 1 and March 28 of the year after you turn 70½ or retire. You are required to receive two payments in the first year. First, tell us when you want your initial payment, and then tell us when you want to start your ongoing payments. For your ongoing payments, pick a date from the 1st to the 28th of the month. This date, which we use to make ongoing payments, is called the effective date of payment. We use this date to value your account and it must be a business day. Whenever the effective date of payment is not a business day, we use the next business day. You'll receive each payment shortly after the effective date of payment.

☐ I want to receive my initial payment on
Date (mm/dd/yy)

☐ Start my ongoing payments on
Date (mm/dd/yy)

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Minimum Distribution Option

Your Federal Tax Withholding Decision

To U.S. citizens and resident aliens:

(If you are a U.S. citizen residing outside the United States, you must elect federal income tax withholding.)

☒ Yes, withhold the following amount which cannot be more than 99%: %

OR

☐ No, I do not want you to withhold federal income tax from my minimum distribution.

If you don't check one of the boxes above, we will withhold federal taxes at the default rate of 10%.

To nonresident aliens: You must complete Form W-8BEN. If we did not include a copy, please go online at www.tiaa-cref.org to print Form W-8BEN, or call 800 842-2252.

Your Voluntary State Tax Withholding Decision

If you are subject to mandatory state withholding, we included the form for your state based on your address of record. If you need an additional copy, visit us online at www.tiaa-cref.org for the form or call 800 842-2252. Only if you are not subject to mandatory state withholding but would like to have state taxes withheld from your payments, please tell us the amount below.

Withhold % from my payments for voluntary income tax withholding

for the state of: .



Minimum Distribution Option

Naming Your Beneficiaries

The beneficiaries you name below will receive any remaining accumulation in your Minimum Distribution Option contract when you die. Contingent beneficiaries would receive benefits only if all primary beneficiaries die before you. Unless you provide a percentage for each beneficiary, all beneficiaries in a class will share equally. If you need more space, please check the box below and provide the instructions on a separate page. Be sure to include your TIAA-CREF contract numbers and sign or initial the additional page.

☐ Please see the attached page for additional instructions. *Be sure to include your TIAA-CREF contract numbers.*

Primary Beneficiaries - unless you provide a percentage for each beneficiary, all beneficiaries in a class will share equally.

1.	<u>Marital Trust</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
	Name of Primary Beneficiary	Percentage (optional)
	<input type="text"/>	<input type="text"/>
	Social Security Number	Relationship
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	Date of Birth (mm/dd/yyyy)
	<input type="text"/>	<input type="text"/>
2.	<u>Fortress Carlson LSC Trust</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
	Name of Primary Beneficiary	Percentage (optional)
	<input type="text"/>	<input type="text"/>
	Social Security Number	Relationship
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	Date of Birth (mm/dd/yyyy)
	<input type="text"/>	<input type="text"/>
3.	<u>Fortress Carlson LCC Trust</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
	Name of Primary Beneficiary	Percentage (optional)
	<input type="text"/>	<input type="text"/>
	Social Security Number	Relationship
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	Date of Birth (mm/dd/yyyy)
	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
	Name of Primary Beneficiary	Percentage (optional)
	<input type="text"/>	<input type="text"/>
	Social Security Number	Relationship
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	Date of Birth (mm/dd/yyyy)
	<input type="text"/>	<input type="text"/>

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Minimum Distribution Option

Contingent Beneficiaries- unless you provide a percentage for each beneficiary, all beneficiaries in a class will share equally.

1.	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
	Name of Contingent Beneficiary	Percentage (optional)
	<input type="text"/>	<input type="text"/>
	Social Security Number	Relationship
	<input type="text"/>	Date of Birth (mm/dd/yyyy)
	<input type="text"/>	
2.	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
	Name of Contingent Beneficiary	Percentage (optional)
	<input type="text"/>	<input type="text"/>
	Social Security Number	Relationship
	<input type="text"/>	Date of Birth (mm/dd/yyyy)
	<input type="text"/>	
3.	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
	Name of Contingent Beneficiary	Percentage (optional)
	<input type="text"/>	<input type="text"/>
	Social Security Number	Relationship
	<input type="text"/>	Date of Birth (mm/dd/yyyy)
	<input type="text"/>	
4.	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
	Name of Contingent Beneficiary	Percentage (optional)
	<input type="text"/>	<input type="text"/>
	Social Security Number	Relationship
	<input type="text"/>	Date of Birth (mm/dd/yyyy)
	<input type="text"/>	



Minimum Distribution Option

Direct Deposit Authorization

Complete this part if you want your funds directly deposited to your account using electronic funds transfer (EFT). You must provide personal account information only. EFT is not permitted to a third-party account.

If you choose to have us direct deposit funds to your bank account, you must mail the forms to us. **We cannot accept forms faxed to us.**

Name of Bank		
Street Address		
City	State	Zip Code
Telephone Number		
<input type="checkbox"/> Checking Account* Number	OR	<input type="checkbox"/> Savings Account** Number
Bank Routing Number		

Your bank routing number is 9 digits and is usually on the bottom left of your checks, before your account number.

- * For any Direct Deposit to your Checking Account, you must provide us with an original voided check from your bank account.
- * If you have a Checking Account, but do not have physical checks, we will mail your payment to your address of record.
- ** For any Direct Deposit to your Savings Account, you must provide us with a letter from your bank. The letter must be on your bank letterhead and include:
 - The name on your account
 - The address on your account
 - Your account number and account type (i.e. Money Market, CD, etc.)
 - ABA routing number
 - Bank signature guarantee, with bank seal or stamp, from an authorized bank personnel

If you do not provide either:

An original voided check for a checking account

OR

A letter from your bank for a savings account

We will mail your payment(s) to your address of record

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Minimum Distribution Option**Send Minimum Distributions to Another TIAA-CREF Account**

Complete this section if you want your payments sent to one or two of the following choices. Percentages must be in whole numbers.

	ACCOUNT NUMBER	PERCENTAGE
<input type="checkbox"/> TIAA-CREF Mutual Funds		%
<input type="checkbox"/> TIAA-CREF Personal Annuity		%
<input type="checkbox"/> TIAA-CREF After-Tax Annuity		%
<input type="checkbox"/> TIAA-CREF Brokerage Services		%
<input type="checkbox"/> TIAA-CREF Roth IRA (as a contribution)*		%

* You cannot contribute to a Roth IRA unless you have earned income.

Your Authorization and Signature

By signing below, you understand and agree that:


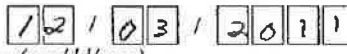
- You authorize TIAA-CREF to make withdrawals from your TIAA-CREF account balances, as stated in this form;
- The date minimum distributions start cannot be before TIAA-CREF receives all necessary papers;
- Once you use your entire existing contract for Minimum Distribution Option withdrawals, your existing contract will have no value;
- Only the withdrawal options available to you from your existing contract will be available to you later;
- You may be issued separate TIAA and/or CREF Minimum Distribution Option annuities for account balances from retirement plans covered by different sections of the Internal Revenue Code. The beneficiaries you name will apply to all Minimum Distribution Option contracts issued to you.

If you are requesting direct deposit:

- If you requested that your withdrawals be directly deposited, you authorize that the bank charge your account and refund any overpayment(s) to TIAA-CREF. You release your bank from any liability to TIAA-CREF for overpayment above the amount of the funds available in your account at the time TIAA-CREF requests a refund.

Under penalties of perjury, you certify that the taxpayer identification number shown on this form is your correct Social Security number; and you are not subject to backup withholding due to a failure to report interest or dividend income; and you are a U.S. person (this includes all U.S. citizens and resident aliens).*

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Your Signature

Date (mm/dd/yyyy)

*If you are subject to backup withholding, cross out the statement above that refers to not being subject to backup withholding. If you are not a U.S. person, cross out the statement that refers to being a U.S. person.

TIAA-CREF Individual & Institutional Services, LLC

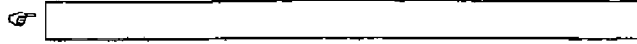
Minimum Distribution Option

Unmarried Determination

Complete this section if you are not married. Your signature must be dated no more than one year before the transaction(s) begin.

☐ I certify that I am not married.

☐ I am married, but legally separated and I have a court order confirming this.


Your Signature

/ /
Date (mm/dd/yyyy)

Spouse's Waiver

To the Participant:

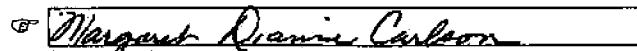
Either the plan representatives or a notary public must witness your spouse's signature, which must be no more than 180 days before the transactions begin.

To the Participant's Spouse:

You have the right to receive a survivor benefit of at least 50% (or more as provided by plan provisions) of your spouse's accumulation if your spouse dies before you. Your spouse's request for payments requires your consent since this money will not be used to provide you with a survivor benefit. If you agree to this request for payments, please read and sign the statement below, and have your signature witnessed. Your signature must be

- witnessed by either the plan representative or a Notary Public, and
- the date of your signature must be the same as, or later than, the date of your spouse's (the participant's) signature.

I, the spouse of the participant, agree that I am giving up my right to receive a qualified preretirement survivor annuity and/or a qualified joint and survivor annuity at my spouse's death for the payments described in this request. I also agree that any dividends received after the payments of an entire account value will be paid to my spouse.


Spouse's Signature

/ /
Date (mm/dd/yyyy)

continued on next page

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Minimum Distribution Option

Spouse's Waiver (continued)

The Plan Representative completes this portion.

N/A

Name of Plan Representative (please print)

N/A

Title

NA

Signature of Plan Representative

 / /

Date (mm/dd/yyyy)

OR

The Notary Public completes this portion.

State of TX County of Dallas

On 12 / 06 / 2011 before me personally appeared
mm/dd/yyyy

Margaret Dianne Carlson
Name of Spouse

the subscriber known to me to be the person described in and who executed the foregoing instrument and he/she acknowledged to me that he/she executed the same.

[Signature]

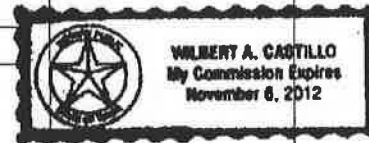
Signature of Notary Public

12 / 06 / 2011
Date (mm/dd/yyyy)

For Notary Publics in MA

Indicate the type of identification:

- ☒ Valid federal or state photo ID
- ☐ Testimony of a credible witness
- ☐ Personal knowledge of the subscriber



In the space above, the Notary Public must provide his/her notarial number and the date the appointment expires. Provide the notarial seal if outside New York state.

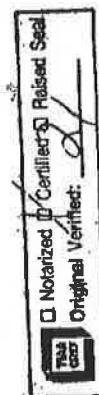


EXHIBIT “B”



730 Third Avenue
New York, NY 10017-3206

PST69487144

MARVIN LEE CARLSON
2214 SHARI LN
GARLAND TX 75043-1461

CONFIRMATION OF YOUR BENEFICIARY DESIGNATIONS

January 13, 2012

REGARDING THIS CONFIRMATION

- Listed below are your current beneficiary designations and the TIAA-CREF annuity/account number(s) to which they apply.
- To verify Social Security numbers of your beneficiaries or to make changes online, visit our website at www.tiaa-cref.org. You can also use our website to add information that is listed below as "not provided." This information helps us contact your beneficiaries in a timely manner.
- If you have questions, call us at **800 842-2776** Monday to Friday from 8 a.m. to 10 p.m. and Saturday from 9 a.m. to 6 p.m. (ET). Hearing- and speech-impaired participants using text telephones can call us at **800 842-2755** Monday to Friday from 8 a.m. to 10 p.m. (ET). For access to our toll-free telephone numbers outside the United States, use AT&T's international access code.

TIAA-CREF ANNUITY/ACCOUNT NUMBER(S)

Your beneficiary designations are for the following number(s):

C8429DV2	C8430DV0	K85865M3
U8429DV0	U8430DV8	J85865M5

PRIMARY BENEFICIARY INFORMATION

<u>Name</u>	<u>Date of Birth/ Trust Date</u>	<u>Relationship</u>	<u>Social Security Number</u>	<u>Share</u>
Marital Trust established 09/13/2003		Trust		34.00%

(continued on next page)

PRIMARY BENEFICIARY INFORMATION (continued)

<u>Name</u>	<u>Date of Birth/ Trust Date</u>	<u>Relationship</u>	<u>Social Security Number</u>	<u>Share</u>
Fortress Carlson JSC Trust established 11/30/2009		Trust		33.00%
Fortress Carlson LCC Trust established 11/30/2009		Trust		33.00%

PLEASE NOTE

- The beneficiary you designated must be a person or legal entity capable of electing to receive the benefits payable. If benefits become payable and TIAA-CREF cannot administer the designation, the designation will be void even if the change was confirmed by TIAA-CREF.
- If you named an irrevocable beneficiary, you must obtain a consent or release from that beneficiary before you make a subsequent change. Without the consent or release from the irrevocable beneficiary, any beneficiary change will be void, even if such a change is confirmed by TIAA-CREF.
- If you designated a testamentary or an inter vivos trust:
 - TIAA-CREF is under no obligation to inquire into the terms of any will or trust affecting the annuity and /or insurance policy or its death benefits and shall not be charged with knowledge of the terms of the will or trust.
 - If benefits become payable to a **testamentary** trustee and
 - the will is not presented for probate within 90 days following the date of your death; or
 - the will is presented for probate within 90 days of the date of your death and no qualified trustee claims the benefits within nine months after your death; or
 - if evidence is furnished and is satisfactory to TIAA-CREF within nine months after your death that no trustee can qualify to receive the benefits,
 payment will be made to the successor beneficiaries if any such beneficiaries are designated and survive you. Otherwise payment will be made to your estate.
 - If benefits become payable to an **inter vivos** trustee and
 - the trust agreement is not in effect; or
 - no trustee can qualify to receive the benefits; or
 - the qualified trustee is not willing to accept the benefits,
 payment will be made to the successor beneficiaries, if any such beneficiaries are designated and survive you. Otherwise payment will be made to your estate.
 Payment to and receipt by the trustee, successor beneficiaries, or estate, as provided for above, shall fully discharge TIAA-CREF from all liability to the extent of any payment. TIAA-CREF shall have no obligations as to the application of funds paid and shall be, in all dealings with the trustee or with the executors or administrators, including but not limited to any consent, release, or waiver of interest, fully protected against the claims or demands of any other people.



Below is a checklist to assist those settling an estate. You may want to take some time to review it and provide any additional information (such as location of items or names) that will be helpful to your beneficiaries, executor, or administrator. Also, please be sure that your executor (or someone else) has instructions to call us upon your death. We should be notified as soon as possible at **800 842-2776** so we can begin the process of contacting your beneficiaries.

	Location	Done	Not Applicable
1. COLLECT IMPORTANT PAPERS			
Death certificate	_____	<input type="checkbox"/>	<input type="checkbox"/>
Insurance policies	_____	<input type="checkbox"/>	<input type="checkbox"/>
Marriage license	_____	<input type="checkbox"/>	<input type="checkbox"/>
Birth certificate	_____	<input type="checkbox"/>	<input type="checkbox"/>
The will	_____	<input type="checkbox"/>	<input type="checkbox"/>
Veterans' discharge papers	_____	<input type="checkbox"/>	<input type="checkbox"/>
Social Security numbers	_____	<input type="checkbox"/>	<input type="checkbox"/>
Most recent tax returns	_____	<input type="checkbox"/>	<input type="checkbox"/>
Trust	_____	<input type="checkbox"/>	<input type="checkbox"/>
Divorce/Property Settlement	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. CONTACT AN ATTORNEY	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. FILE FOR PROBATE OF WILL		<input type="checkbox"/>	<input type="checkbox"/>
4. APPLY FOR BENEFITS			
Life insurance proceeds	_____	<input type="checkbox"/>	<input type="checkbox"/>
Retirement plan benefits	_____	<input type="checkbox"/>	<input type="checkbox"/>
Veterans' benefits	_____	<input type="checkbox"/>	<input type="checkbox"/>
Other employee benefits	_____	<input type="checkbox"/>	<input type="checkbox"/>
Social Security benefits	_____	<input type="checkbox"/>	<input type="checkbox"/>
5. CHANGE TITLES AND OWNERSHIP			
Home	_____	<input type="checkbox"/>	<input type="checkbox"/>
Insurance policies	_____	<input type="checkbox"/>	<input type="checkbox"/>
Automobiles	_____	<input type="checkbox"/>	<input type="checkbox"/>
Your will	_____	<input type="checkbox"/>	<input type="checkbox"/>
Credit cards	_____	<input type="checkbox"/>	<input type="checkbox"/>
Bank accounts	_____	<input type="checkbox"/>	<input type="checkbox"/>
Stocks, bonds, other investments	_____	<input type="checkbox"/>	<input type="checkbox"/>
Safe deposit boxes	_____	<input type="checkbox"/>	<input type="checkbox"/>
6. COMPLETE NOTIFICATIONS OF DEATH		<input type="checkbox"/>	<input type="checkbox"/>
7. HIRE AN ACCOUNTANT	_____	<input type="checkbox"/>	<input type="checkbox"/>
8. REVIEW FINANCES		<input type="checkbox"/>	<input type="checkbox"/>
9. FILE AND PAY APPLICABLE TAXES		<input type="checkbox"/>	<input type="checkbox"/>

EXHIBIT “C”

RA MDO C8429DV2/U8429DVO

Name	DOB	Relationship	SSN
Fortress Carlson JSC Trust	established 11/30/2009	Trust	

Allocation BeneType

45% PRIMARY

Fortress Carlson LCC Trust	established 11/30/2009	Trust	
----------------------------	------------------------	-------	--

34% PRIMARY

Marital Trust	established 09/13/2003	Trust	
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21% PRIMARY

RA MDO C8430DVO/U8430DV8

Name	DOB	Relationship	SSN
Fortress Carlson JSC Trust	established 11/30/2009	Trust	

Allocation BeneType

45% PRIMARY

Fortress Carlson LCC Trust	established 11/30/2009	Trust	
----------------------------	------------------------	-------	--

34% PRIMARY

Marital Trust	established 09/13/2003	Trust	
---------------	------------------------	-------	--

21% PRIMARY

SRA MDO K85865M3/J85865M5

Name	DOB	Relationship	SSN
Fortress Carlson JSC Trust	established 11/30/2009	Trust	

Allocation BeneType

45% PRIMARY

F3=EXIT/NEXT F7=UP F8=DOWN PF12=QUIT

Fortress Carlson LCC Trust established 11/30/2009

Trust	34%	PRIMARY
Marital Trust established 09/13/2003		
09/13/2003 Trust	21%	PRIMARY

I understand and agree that:

All prior beneficiary designations and methods of payment requested for the annuity contract(s)/certificate(s) indicated in this request will be revoked and any benefits due by reason of my death will be payable to the beneficiary(ies) named.

I reserve the right to make further changes to my beneficiary designations. However, if I have previously named an irrevocable beneficiary for any benefits, I will need to obtain a consent or release from that beneficiary before a change can be made.

I understand that if I elect to have this designation apply to my referenced contract(s)/certificate(s), the designation will apply to the contract(s)/certificate(s) issued as of the date this designation is accepted by TIAA-CREF.

I am the owner of these contract(s)/certificate(s) and understand that my designations are subject to all of the conditions of the annuity contract(s)/certificate(s), and the Additional Provisions section.

F3=EXIT/NEXT F7=UP F8=DOWN PF12=QUIT

All designations must be approved by TIAA-CREF.

I request that any contract/certificate provision that requires the contract(s)/certificate(s) to be submitted for endorsement of this change be waived.

I understand that if any or all of my accumulations are attributable to contributions under a retirement or tax-deferred annuity plan subject to the Employee Retirement Income Security ACT(ERISA) of 1974, as amended, and I have been credited with an hour of service or paid leave under the plan after August 22, 1984, then my right to exclude naming my spouse as primary beneficiary for at least 50% of these benefits is subject to my spouse's consent.

A Note About Signing Online:

Because your user ID and password are unique, you can use them to 'sign' your designation request electronically. An electronic signature is just as binding legally as a conventional, handwritten signature. When you click the 'I Agree' button below, you're transmitting to us your consent to use your log-in data as your electronic signature, but only for the designations you've just entered. We'll record your signature, along with other data specific to the designation, and preserve the electronic signature in our system.

Of course, you are not required to sign electronically. You can click the
F3=EXIT/NEXT F7=UP F8=DOWN PF12=QUIT

I Disagree' button to download a blank application. Please complete and mail it to us at: TIAA-CREF, 730 Third Avenue, New York, NY 10017. After you agree to the terms of this online designation, you can receive a printer-friendly version by clicking the icon on the bottom of the next screen. Once your designations have been approved, we will also mail a confirmation of your designations to you.

eM9Ie6:UHT_8Ib=VUUWf

***** End of Data *****

F3=EXIT/NEXT F7=UP F8=DOWN PF12=QUIT

EXHIBIT “D”



730 Third Avenue
New York, NY 10017-3206

PST75049731

MARVIN LEE CARLSON
2214 SHARI LN
GARLAND TX 75043-1461

CONFIRMATION OF YOUR BENEFICIARY DESIGNATIONS

September 12, 2012

REGARDING THIS CONFIRMATION

- Listed below are your current beneficiary designations and the TIAA-CREF annuity/account number(s) to which they apply.
- To verify Social Security numbers of your beneficiaries or to make changes online, visit our website at www.tiaa-cref.org. You can also use our website to add information that is listed below as "not provided." This information helps us contact your beneficiaries in a timely manner.
- If you have questions, call us at **800 842-2776** Monday to Friday from 8 a.m. to 10 p.m. and Saturday from 9 a.m. to 6 p.m. (ET). Hearing- and speech-impaired participants using text telephones can call us at **800 842-2755** Monday to Friday from 8 a.m. to 10 p.m. (ET). For access to our toll-free telephone numbers outside the United States, use AT&T's international access code.

TIAA-CREF ANNUITY/ACCOUNT NUMBER(S)

Your beneficiary designations are for the following number(s):

C8429DV2
U8429DV0

PRIMARY BENEFICIARY INFORMATION

<u>Name</u>	<u>Date of Birth/ Trust Date</u>		<u>Social Security Number</u>	
	<u>Relationship</u>		<u>Share</u>	
Fortress Carlson JSC Trust established 11/30/2009	Trust		45.00%	
Fortress Carlson LCC Trust established 11/30/2009	Trust		34.00%	
Marital Trust established 09/13/2003	09/13/2003	Trust	21.00%	

(continued on next page)

BENLET -BENEDA (9/28/10)

PLEASE NOTE

- The beneficiary you designated must be a person or legal entity capable of electing to receive the benefits payable. If benefits become payable and TIAA-CREF cannot administer the designation, the designation will be void even if the change was confirmed by TIAA-CREF.
- If you named an irrevocable beneficiary, you must obtain a consent or release from that beneficiary before you make a subsequent change. Without the consent or release from the irrevocable beneficiary, any beneficiary change will be void, even if such a change is confirmed by TIAA-CREF.
- If you designated a testamentary or an inter vivos trust:
 - TIAA-CREF is under no obligation to inquire into the terms of any will or trust affecting the annuity and /or insurance policy or its death benefits and shall not be charged with knowledge of the terms of the will or trust.
If benefits become payable to a **testamentary** trustee and
 - the will is not presented for probate within 90 days following the date of your death;
or
 - the will is presented for probate within 90 days of the date of your death and no qualified trustee claims the benefits within nine months after your death; or
 - if evidence is furnished and is satisfactory to TIAA-CREF within nine months after your death that no trustee can qualify to receive the benefits,
payment will be made to the successor beneficiaries if any such beneficiaries are designated and survive you. Otherwise payment will be made to your estate.
 - If benefits become payable to an **inter vivos** trustee and
 - the trust agreement is not in effect; or
 - no trustee can qualify to receive the benefits; or
 - the qualified trustee is not willing to accept the benefits,
payment will be made to the successor beneficiaries, if any such beneficiaries are designated and survive you. Otherwise payment will be made to your estate
 - Payment to and receipt by the trustee, successor beneficiaries, or estate, as provided for above, shall fully discharge TIAA-CREF from all liability to the extent of any payment. TIAA-CREF shall have no obligations as to the application of funds paid and shall be, in all dealings with the trustee or with the executors or administrators, including but not limited to any consent, release, or waiver of interest, fully protected against the claims or demands of any other people.



730 Third Avenue
New York, NY 10017-3206

PST75049751

MARVIN LEE CARLSON
2214 SHARI LN
GARLAND TX 75043-1461

CONFIRMATION OF YOUR BENEFICIARY DESIGNATIONS

September 12, 2012

REGARDING THIS CONFIRMATION

- Listed below are your current beneficiary designations and the TIAA-CREF annuity/account number(s) to which they apply.
- To verify Social Security numbers of your beneficiaries or to make changes online, visit our website at www.tiaa-cref.org. You can also use our website to add information that is listed below as "not provided." This information helps us contact your beneficiaries in a timely manner.
- If you have questions, call us at **800 842-2776** Monday to Friday from 8 a.m. to 10 p.m. and Saturday from 9 a.m. to 6 p.m. (ET). Hearing- and speech-impaired participants using text telephones can call us at **800 842-2755** Monday to Friday from 8 a.m. to 10 p.m. (ET). For access to our toll-free telephone numbers outside the United States, use AT&T's international access code.

TIAA-CREF ANNUITY/ACCOUNT NUMBER(S)

Your beneficiary designations are for the following number(s):

C8430DV0
U8430DV8

PRIMARY BENEFICIARY INFORMATION

<u>Name</u>	<u>Date of Birth/ Trust Date</u>	<u>Relationship</u>	<u>Social Security Number</u>	<u>Share</u>
Fortress Carlson JSC Trust established 11/30/2009		Trust		45.00%
Fortress Carlson LCC Trust established 11/30/2009		Trust		34.00%
Marital Trust established 09/13/2003	09/13/2003	Trust		21.00%

(continued on next page)

PLEASE NOTE

- The beneficiary you designated must be a person or legal entity capable of electing to receive the benefits payable. If benefits become payable and TIAA-CREF cannot administer the designation, the designation will be void even if the change was confirmed by TIAA-CREF.
- If you named an irrevocable beneficiary, you must obtain a consent or release from that beneficiary before you make a subsequent change. Without the consent or release from the irrevocable beneficiary, any beneficiary change will be void, even if such a change is confirmed by TIAA-CREF.
- If you designated a testamentary or an inter vivos trust:
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If benefits become payable to a **testamentary** trustee and
 - the will is not presented for probate within 90 days following the date of your death; or
 - the will is presented for probate within 90 days of the date of your death and no qualified trustee claims the benefits within nine months after your death; or
 - if evidence is furnished and is satisfactory to TIAA-CREF within nine months after your death that no trustee can qualify to receive the benefits,payment will be made to the successor beneficiaries if any such beneficiaries are designated and survive you. Otherwise payment will be made to your estate.
 - If benefits become payable to an **inter vivos** trustee and
 - the trust agreement is not in effect; or
 - no trustee can qualify to receive the benefits; or
 - the qualified trustee is not willing to accept the benefits,payment will be made to the successor beneficiaries, if any such beneficiaries are designated and survive you. Otherwise payment will be made to your estate
 - Payment to and receipt by the trustee, successor beneficiaries, or estate, as provided for above, shall fully discharge TIAA-CREF from all liability to the extent of any payment. TIAA-CREF shall have no obligations as to the application of funds paid and shall be, in all dealings with the trustee or with the executors or administrators, including but not limited to any consent, release, or waiver of interest, fully protected against the claims or demands of any other people.



FINANCIAL SERVICES

730 Third Avenue
New York, NY 10017-3206

PST75049751

MARVIN LEE CARLSON
2214 SHARI LN
GARLAND TX 75043-1461

CONFIRMATION OF YOUR BENEFICIARY DESIGNATIONS

September 12, 2012

REGARDING THIS CONFIRMATION

- Listed below are your current beneficiary designations and the TIAA-CREF annuity/account number(s) to which they apply.
- To verify Social Security numbers of your beneficiaries or to make changes online, visit our website at www.tiaa-cref.org. You can also use our website to add information that is listed below as "not provided." This information helps us contact your beneficiaries in a timely manner.
- If you have questions, call us at **800 842-2776** Monday to Friday from 8 a.m. to 10 p.m. and Saturday from 9 a.m. to 6 p.m. (ET). Hearing- and speech-impaired participants using text telephones can call us at **800 842-2755** Monday to Friday from 8 a.m. to 10 p.m. (ET). For access to our toll-free telephone numbers outside the United States, use AT&T's international access code.

TIAA-CREF ANNUITY/ACCOUNT NUMBER(S)

Your beneficiary designations are for the following number(s):

K85865M3
J85865M5

PRIMARY BENEFICIARY INFORMATION

<u>Name</u>	<u>Date of Birth/ Trust Date</u>	<u>Relationship</u>	<u>Social Security Number</u>	<u>Share</u>
Fortress Carlson JSC Trust established 11/30/2009		Trust		45.00%
Fortress Carlson LCC Trust established 11/30/2009		Trust		34.00%
Marital Trust established 09/13/2003	09/13/2003	Trust		21.00%

(continued on next page)

BENLET -BENEDA (9/28/10)

PLEASE NOTE

- The beneficiary you designated must be a person or legal entity capable of electing to receive the benefits payable. If benefits become payable and TIAA-CREF cannot administer the designation, the designation will be void even if the change was confirmed by TIAA-CREF.
- If you named an irrevocable beneficiary, you must obtain a consent or release from that beneficiary before you make a subsequent change. Without the consent or release from the irrevocable beneficiary, any beneficiary change will be void, even if such a change is confirmed by TIAA-CREF.
- If you designated a testamentary or an inter vivos trust:
 - TIAA-CREF is under no obligation to inquire into the terms of any will or trust affecting the annuity and /or insurance policy or its death benefits and shall not be charged with knowledge of the terms of the will or trust.
If benefits become payable to a **testamentary** trustee and
 - the will is not presented for probate within 90 days following the date of your death; or
 - the will is presented for probate within 90 days of the date of your death and no qualified trustee claims the benefits within nine months after your death; or
 - if evidence is furnished and is satisfactory to TIAA-CREF within nine months after your death that no trustee can qualify to receive the benefits,payment will be made to the successor beneficiaries if any such beneficiaries are designated and survive you. Otherwise payment will be made to your estate.
 - If benefits become payable to an **inter vivos** trustee and
 - the trust agreement is not in effect; or
 - no trustee can qualify to receive the benefits; or
 - the qualified trustee is not willing to accept the benefits,payment will be made to the successor beneficiaries, if any such beneficiaries are designated and survive you. Otherwise payment will be made to your estate
 - Payment to and receipt by the trustee, successor beneficiaries, or estate, as provided for above, shall fully discharge TIAA-CREF from all liability to the extent of any payment. TIAA-CREF shall have no obligations as to the application of funds paid and shall be, in all dealings with the trustee or with the executors or administrators, including but not limited to any consent, release, or waiver of interest, fully protected against the claims or demands of any other people.



Below is a checklist to assist those settling an estate. You may want to take some time to review it and provide any additional information (such as location of items or names) that will be helpful to your beneficiaries, executor, or administrator. Also, please be sure that your executor (or someone else) has instructions to call us upon your death. We should be notified as soon as possible at **800 842-2776** so we can begin the process of contacting your beneficiaries.

	Location	Done	Not Applicable
1. COLLECT IMPORTANT PAPERS			
Death certificate	_____	<input type="checkbox"/>	<input type="checkbox"/>
Insurance policies	_____	<input type="checkbox"/>	<input type="checkbox"/>
Marriage license	_____	<input type="checkbox"/>	<input type="checkbox"/>
Birth certificate	_____	<input type="checkbox"/>	<input type="checkbox"/>
The will	_____	<input type="checkbox"/>	<input type="checkbox"/>
Veterans' discharge papers	_____	<input type="checkbox"/>	<input type="checkbox"/>
Social Security numbers	_____	<input type="checkbox"/>	<input type="checkbox"/>
Most recent tax returns	_____	<input type="checkbox"/>	<input type="checkbox"/>
Trust	_____	<input type="checkbox"/>	<input type="checkbox"/>
Divorce/Property Settlement	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. CONTACT AN ATTORNEY	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. FILE FOR PROBATE OF WILL		<input type="checkbox"/>	<input type="checkbox"/>
4. APPLY FOR BENEFITS			
Life insurance proceeds	_____	<input type="checkbox"/>	<input type="checkbox"/>
Retirement plan benefits	_____	<input type="checkbox"/>	<input type="checkbox"/>
Veterans' benefits	_____	<input type="checkbox"/>	<input type="checkbox"/>
Other employee benefits	_____	<input type="checkbox"/>	<input type="checkbox"/>
Social Security benefits	_____	<input type="checkbox"/>	<input type="checkbox"/>
5. CHANGE TITLES AND OWNERSHIP			
Home	_____	<input type="checkbox"/>	<input type="checkbox"/>
Insurance policies	_____	<input type="checkbox"/>	<input type="checkbox"/>
Automobiles	_____	<input type="checkbox"/>	<input type="checkbox"/>
Your will	_____	<input type="checkbox"/>	<input type="checkbox"/>
Credit cards	_____	<input type="checkbox"/>	<input type="checkbox"/>
Bank accounts	_____	<input type="checkbox"/>	<input type="checkbox"/>
Stocks, bonds, other investments	_____	<input type="checkbox"/>	<input type="checkbox"/>
Safe deposit boxes	_____	<input type="checkbox"/>	<input type="checkbox"/>
6. COMPLETE NOTIFICATIONS OF DEATH		<input type="checkbox"/>	<input type="checkbox"/>
7. HIRE AN ACCOUNTANT	_____	<input type="checkbox"/>	<input type="checkbox"/>
8. REVIEW FINANCES		<input type="checkbox"/>	<input type="checkbox"/>
9. FILE AND PAY APPLICABLE TAXES		<input type="checkbox"/>	<input type="checkbox"/>

EXHIBIT “E”

Name	Gender	DOB	Relationship	SSN	Allocation	BeneType
Contract IH5177P4 RA MDO C8430DVO/U8430DV8						
Fortress Carlson LCC Trust established 11/30/2009			Trust		45%	PRIMARY
Fortress Carlson JSC Trust established 11/30/2009			Trust		34%	PRIMARY
Marital Trust established 09/13/2003					21%	PRIMARY
09/13/2003 Trust						
You have indicated that you will complete a Spousal Waiver form.						
Contract IH5183P6 SRA MDO K85865M3/J85865M5 RA MDO C8429DV2/U8429DVO						
Fortress Carlson LCC Trust established 11/30/2009			Trust		45%	PRIMARY
Fortress Carlson JSC Trust established 11/30/2009			Trust		34%	PRIMARY
Marital Trust established 09/13/2003					21%	PRIMARY
09/13/2003 Trust						

I understand and agree that:

All prior beneficiary designations and methods of payment requested for the annuity contract(s)/certificate(s) indicated in this request will be revoked

F3=EXIT/NEXT F7=UP F8=DOWN PF12=QUIT

and any benefits due by reason of my death will be payable to the beneficiary(ies) named.

I reserve the right to make further changes to my beneficiary designations. However, if I have previously named an irrevocable beneficiary for any benefits, I will need to obtain a consent or release from that beneficiary before a change can be made.

I understand that if I elect to have this designation apply to my referenced contract(s)/certificate(s), the designation will apply to the contract(s)/certificate(s) issued as of the date this designation is accepted by TIAA.

I am the owner of these contract(s)/certificate(s) and understand that my designations are subject to all of the conditions of the annuity contract(s)/certificate(s), and the Additional Provisions section.

All designations must be approved by TIAA.

I request that any contract/certificate provision that requires the contract(s)/certificate(s) to be submitted for endorsement of this change be waived.

I understand that if any or all of my accumulations are attributable to contributions under a retirement or tax-deferred annuity plan subject to the Employee Retirement Income Security ACT(ERISA) of 1974, as amended, and I

F3=EXIT/NEXT F7=UP F8=DOWN PF12=QUIT

have been credited with an hour of service or paid leave under the plan after August 22, 1984, then my right to exclude naming my spouse as primary beneficiary for at least 50% of these benefits is subject to my spouse's consent.

A Note About Signing Online:

Because your user ID and password are unique, you can use them to 'sign' your designation request electronically. An electronic signature is just as binding legally as a conventional, handwritten signature. When you click the 'I Agree' button below, you're transmitting to us your consent to use your log-in data as your electronic signature, but only for the designations you've just entered. We'll record your signature, along with other data specific to the designation, and preserve the electronic signature in our system.

Of course, you are not required to sign electronically. You can click the 'I Disagree' button to download a blank application. Please complete and mail it to us at: TIAA, P.O. Box 1259, Charlotte, NC 28201.

After you agree to the terms of this online designation, you can receive a printer-friendly version by clicking the icon on the bottom of the next screen. Once your designations have been approved, we will also mail a confirmation of your designations to you.

RHWDibS8LOBcMSTrgV;b

F3=EXIT/NEXT F7=UP F8=DOWN PF12=QUIT

EXHIBIT “F”



TIAA
P.O. Box 1289
Charlotte, NC 28201-1289

C0000000000000000077 123631000000001072256

MARVIN LEE CARLSON
2214 SHARI LN
GARLAND TX 75043-1461

CONFIRMATION OF YOUR BENEFICIARY DESIGNATIONS

November 9, 2016

REGARDING THIS CONFIRMATION

- Listed below are your current beneficiary designations and the TIAA annuity/account number(s) to which they apply.
- To verify Social Security numbers of your beneficiaries or to make changes online, visit our website at TIAA.org. You can also use our website to add information that is listed below as "not provided." This information helps us contact your beneficiaries in a timely manner.
- If you have questions, call us at **800 842-2776** Monday to Friday from 8 a.m. to 10 p.m. and Saturday from 9 a.m. to 6 p.m. (ET). Hearing- and speech-impaired participants using text telephones can call us at **800 842-2755** Monday to Friday from 8 a.m. to 10 p.m. (ET). For access to our toll-free telephone numbers outside the United States, use AT&T's international access code.

TIAA ANNUITY/ACCOUNT NUMBER(S)

Your beneficiary designations are for the following number(s):

C8429DV2
U8429DV0

PRIMARY BENEFICIARY INFORMATION

<u>Name</u>	<u>Date of Birth/ Trust Date</u>	<u>Relationship</u>	<u>Social Security Number</u>	<u>Share</u>
Fortress Carlson LCC Trust established 11/30/2009		Trust		45.00%
Fortress Carlson JSC Trust established 11/30/2009		Trust		34.00%
Marital Trust established 09/13/2003	09/13/2003	Trust		21.00%

(continued on next page)

BENLET -BENEDA (9/28/10)

PLEASE NOTE

- The beneficiary you designated must be a person or legal entity capable of electing to receive the benefits payable. If benefits become payable and TIAA cannot administer the designation, the designation will be void even if the change was confirmed by TIAA.
- If you named an irrevocable beneficiary, you must obtain a consent or release from that beneficiary before you make a subsequent change. Without the consent or release from the irrevocable beneficiary, any beneficiary change will be void, even if such a change is confirmed by TIAA.
- If you designated a testamentary or an inter vivos trust:
 - TIAA is under no obligation to inquire into the terms of any will or trust affecting the annuity and /or insurance policy or its death benefits and shall not be charged with knowledge of the terms of the will or trust.
 - If benefits become payable to a testamentary trustee and
 - the will is not presented for probate within 90 days following the date of your death; or
 - the will is presented for probate within 90 days of the date of your death and no qualified trustee claims the benefits within nine months after your death; or
 - if evidence is furnished and is satisfactory to TIAA within nine months after your death that no trustee can qualify to receive the benefits,payment will be made to the successor beneficiaries if any such beneficiaries are designated and survive you. Otherwise payment will be made to your estate.
 - If benefits become payable to an inter vivos trustee and
 - the trust agreement is not in effect; or
 - no trustee can qualify to receive the benefits; or
 - the qualified trustee is not willing to accept the benefits,payment will be made to the successor beneficiaries, if any such beneficiaries are designated and survive you. Otherwise payment will be made to your estate
 - Payment to and receipt by the trustee, successor beneficiaries, or estate, as provided for above, shall fully discharge TIAA from all liability to the extent of any payment. TIAA shall have no obligations as to the application of funds paid and shall be, in all dealings with the trustee or with the executors or administrators, including but not limited to any consent, release, or waiver of interest, fully protected against the claims or demands of any other people.

Below is a checklist to assist those settling an estate. You may want to take some time to review it and provide any additional information (such as location of items or names) that will be helpful to your beneficiaries, executor, or administrator. Also, please be sure that your executor (or someone else) has instructions to call us upon your death. We should be notified as soon as possible at **800 842-2776** so we can begin the process of contacting your beneficiaries.

	Location	Done	Not Applicable
1. COLLECT IMPORTANT PAPERS			
Death certificate	_____	<input type="radio"/>	<input type="radio"/>
Insurance policies	_____	<input type="radio"/>	<input type="radio"/>
Marriage license	_____	<input type="radio"/>	<input type="radio"/>
Birth certificate	_____	<input type="radio"/>	<input type="radio"/>
The will	_____	<input type="radio"/>	<input type="radio"/>
Veterans' discharge papers	_____	<input type="radio"/>	<input type="radio"/>
Social Security numbers	_____	<input type="radio"/>	<input type="radio"/>
Most recent tax returns	_____	<input type="radio"/>	<input type="radio"/>
Trust	_____	<input type="radio"/>	<input type="radio"/>
Divorce/Property Settlement	_____	<input type="radio"/>	<input type="radio"/>
2. CONTACT AN ATTORNEY	_____	<input type="radio"/>	<input type="radio"/>
3. FILE FOR PROBATE OF WILL		<input type="radio"/>	<input type="radio"/>
4. APPLY FOR BENEFITS			
Life insurance proceeds	_____	<input type="radio"/>	<input type="radio"/>
Retirement plan benefits	_____	<input type="radio"/>	<input type="radio"/>
Veterans' benefits	_____	<input type="radio"/>	<input type="radio"/>
Other employee benefits	_____	<input type="radio"/>	<input type="radio"/>
Social Security benefits	_____	<input type="radio"/>	<input type="radio"/>
5. CHANGE TITLES AND OWNERSHIP			
Home	_____	<input type="radio"/>	<input type="radio"/>
Insurance policies	_____	<input type="radio"/>	<input type="radio"/>
Automobiles	_____	<input type="radio"/>	<input type="radio"/>
Your will	_____	<input type="radio"/>	<input type="radio"/>
Credit cards	_____	<input type="radio"/>	<input type="radio"/>
Bank accounts	_____	<input type="radio"/>	<input type="radio"/>
Stocks, bonds, other investments	_____	<input type="radio"/>	<input type="radio"/>
Safe deposit boxes	_____	<input type="radio"/>	<input type="radio"/>
6. COMPLETE NOTIFICATIONS OF DEATH		<input type="radio"/>	<input type="radio"/>
7. HIRE AN ACCOUNTANT	_____	<input type="radio"/>	<input type="radio"/>
8. REVIEW FINANCES		<input type="radio"/>	<input type="radio"/>
9. FILE AND PAY APPLICABLE TAXES		<input type="radio"/>	<input type="radio"/>



TIAA
P.O. Box 1289
Charlotte, NC 28201-1289

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MARVIN LEE CARLSON
2214 SHARI LN
GARLAND TX 75043-1461

CONFIRMATION OF YOUR BENEFICIARY DESIGNATIONS

November 9, 2016

REGARDING THIS CONFIRMATION

- Listed below are your current beneficiary designations and the TIAA annuity/account number(s) to which they apply.
- To verify Social Security numbers of your beneficiaries or to make changes online, visit our website at TIAA.org. You can also use our website to add information that is listed below as "not provided." This information helps us contact your beneficiaries in a timely manner.
- If you have questions, call us at **800 842-2776** Monday to Friday from 8 a.m. to 10 p.m. and Saturday from 9 a.m. to 6 p.m. (ET). Hearing- and speech-impaired participants using text telephones can call us at **800 842-2755** Monday to Friday from 8 a.m. to 10 p.m. (ET). For access to our toll-free telephone numbers outside the United States, use AT&T's international access code.

TIAA ANNUITY/ACCOUNT NUMBER(S)

Your beneficiary designations are for the following number(s):

K85865M3

J85865M5

PRIMARY BENEFICIARY INFORMATION

<u>Name</u>	<u>Date of Birth/ Trust Date</u>	<u>Relationship</u>	<u>Social Security Number</u>	<u>Share</u>
Fortress Carlson LCC Trust established 11/30/2009		Trust		45.00%
Fortress Carlson JSC Trust established 11/30/2009		Trust		34.00%
Marital Trust established 09/13/2003	09/13/2003	Trust		21.00%

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BENLET -BENEDA (9/28/10)

PLEASE NOTE

- The beneficiary you designated must be a person or legal entity capable of electing to receive the benefits payable. If benefits become payable and TIAA cannot administer the designation, the designation will be void even if the change was confirmed by TIAA.
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 - If benefits become payable to a testamentary trustee and
 - the will is not presented for probate within 90 days following the date of your death; or
 - the will is presented for probate within 90 days of the date of your death and no qualified trustee claims the benefits within nine months after your death; or
 - if evidence is furnished and is satisfactory to TIAA within nine months after your death that no trustee can qualify to receive the benefits,payment will be made to the successor beneficiaries if any such beneficiaries are designated and survive you. Otherwise payment will be made to your estate.
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Marriage license	_____	<input type="checkbox"/>	<input type="checkbox"/>
Birth certificate	_____	<input type="checkbox"/>	<input type="checkbox"/>
The will	_____	<input type="checkbox"/>	<input type="checkbox"/>
Veterans' discharge papers	_____	<input type="checkbox"/>	<input type="checkbox"/>
Social Security numbers	_____	<input type="checkbox"/>	<input type="checkbox"/>
Most recent tax returns	_____	<input type="checkbox"/>	<input type="checkbox"/>
Trust	_____	<input type="checkbox"/>	<input type="checkbox"/>
Divorce/Property Settlement	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. CONTACT AN ATTORNEY	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. FILE FOR PROBATE OF WILL		<input type="checkbox"/>	<input type="checkbox"/>
4. APPLY FOR BENEFITS			
Life insurance proceeds	_____	<input type="checkbox"/>	<input type="checkbox"/>
Retirement plan benefits	_____	<input type="checkbox"/>	<input type="checkbox"/>
Veterans' benefits	_____	<input type="checkbox"/>	<input type="checkbox"/>
Other employee benefits	_____	<input type="checkbox"/>	<input type="checkbox"/>
Social Security benefits	_____	<input type="checkbox"/>	<input type="checkbox"/>
5. CHANGE TITLES AND OWNERSHIP			
Home	_____	<input type="checkbox"/>	<input type="checkbox"/>
Insurance policies	_____	<input type="checkbox"/>	<input type="checkbox"/>
Automobiles	_____	<input type="checkbox"/>	<input type="checkbox"/>
Your will	_____	<input type="checkbox"/>	<input type="checkbox"/>
Credit cards	_____	<input type="checkbox"/>	<input type="checkbox"/>
Bank accounts	_____	<input type="checkbox"/>	<input type="checkbox"/>
Stocks, bonds, other investments	_____	<input type="checkbox"/>	<input type="checkbox"/>
Safe deposit boxes	_____	<input type="checkbox"/>	<input type="checkbox"/>
6. COMPLETE NOTIFICATIONS OF DEATH		<input type="checkbox"/>	<input type="checkbox"/>
7. HIRE AN ACCOUNTANT	_____	<input type="checkbox"/>	<input type="checkbox"/>
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TIAA ANNUITY/ACCOUNT NUMBER(S)

Your beneficiary designations are for the following number(s):

C8430DV0

U8430DV8

PRIMARY BENEFICIARY INFORMATION

<u>Name</u>	<u>Date of Birth/ Trust Date</u>	<u>Relationship</u>	<u>Social Security Number</u>	<u>Share</u>
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